MULTIPLE DEPENDE CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763280

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2		/					52							
3				/			53							
4	/						54							
5	/		X				55							
6		2					56							
7		0		0			57							
8		2					58							
9	/						59							
10	/		/				60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
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38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		3				TOTAL IND.							
TOTAL DEP.	7		5				TOTAL DEP.							
TOTAL CLAIMS	12		0				TOTAL							